PAGE 1 / 15

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	11011200 0011111111100	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Maryland USA			
ADDRESS (number and street)	PO Box 75650		
▼ Check if different			
than previously reported. (ACC)	Washington		DC 20013 -
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	TY <b>A</b>	STATE ▲ ZIP CODE ▲
C C00581777		S THIS REPORT (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (N	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (C	01)	20 (M4) Jul 20 (M	
July 15 Quarterly Report (C	(c) 12-Day	Primary (12P)  Convention (12C)	General (12G) Runoff (12R)  Special (12S)
October 15 Quarterly Report (C	·	Convention (120)	Operati (120)
January 31 Year-End Report (Y	/E) Election	on on 11 08	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 10		through 10	
I certify that I have examined th	is Report and to the best of Riter, Joel, , ,	my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer	, Joel, , ,	[Electronically Filed]	Date 10 / 27 / 2016
NOTE: Submission of false, erron	eous, or incomplete informatio	n may subject the person signir	ng this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Maryland USA 10 01 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 28825.93 January 1, 2016 (b) Cash on Hand at 732340.56 Beginning of Reporting Period..... 5000.00 3508584.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 3537409.93 737340.56 6(a) and 6(c) for Column B)..... 280185.00 3080254.37 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 457155.56 457155.56 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name Maryland USA 01 10 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 5000.00 3507000.00 (i) Itemized (use Schedule A)..... 0.00 1584.00 (ii) Unitemized ..... (iii) TOTAL (add 3508584.00 5000.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 3508584.00 5000.00 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 3508584.00 12, 13, 14, 15, 16, 17, and 18(c))....... 5000.00 20. Total Federal Receipts 5000.00 3508584.00 (subtract Line 18(c) from Line 19) .......▶

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B		
1. Operating Expenditures: –	Iotal IIIIs Fellou	Calendar Year-to-Date		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	19940.00	405490.48		
Expenditures(c) Total Operating Expenditures	19940.00	100130.10		
(add 21(a)(i), (a)(ii), and (b))	19940.00	405490.48		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	90000.00	90000.00		
Independent Expenditures	30000.00	4 4 4		
(use Schedule E)	170245.00	2584763.89		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
	0.00	4 4		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including	492 492 492	4 4		
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(20)	))			
(a) Allocated Federal Election Activity	,,			
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add		1 1 1 1 1 1 1 1 1		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	280185.00	3080254.37		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	290405.00			
	280185.00	3080254.37		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 5000.00 3508584.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 3508584.00 5000.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 19940.00 405490.48 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 19940.00 405490.48 (subtract Line 37 from Line 36) ......

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

	FOR LINE NUMBER:				PAGE		6	OF		15
(check only one)										
	×	11a	11b		11c		12			
		13	14		15		16			17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Maryland USA Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hillerson, Arlene, , , Date of Receipt Mailing Address 11720 Centurion Way 2016 19 City Zip Code State Transaction ID: SA11AI.4515 MD Potomac 20854 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed Real estate Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... 5000.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	lles	woto oslassici - ( )	FOR LINE NUMBER: PAGE					
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only one)			] os		
		Summary Page	<b>X</b> 21b 28a	22 28b	23 28c	26 27 29 30b		
Any information copied from such Reports and Statem	l nents may r	not he sold or us						
or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
ightarrow Maryland USA								
Full Name (Last, First, Middle Initial)								
A. Chain Bridge Bank, N.A.				Date of D	Disburseme	ent		
				M I M	/ D D	/		
Mailing Address 1445-A Laughlin Avenue				10	03	2016		
City	State	Zip Code		EEC Idor	tification N	lumher		
McLean	VA	22101			uncauon N	umber		
Purpose of Disbursement Bank fees			001	C				
Candidate Name						: SB21B.4500 sbursement this Period		
			Category/ Type	Amount	n Lacii Dis			
Office Sought: House Disbursen						40.00		
	Primary Other (spec	General						
State: District:	onioi (spec	y <sub>/</sub> ▼		Mem	o Item			
Full Name (Last, First, Middle Initial)								
B. Chain Bridge Bank, N.A.				Date of D	Disburseme	ent		
Mailing Address 1445-A Laughlin Avenue				10 06 2016				
Maining Address 1445-A Laugniin Avenue				10	UU	2010		
,	State	Zip Code		FEC Ider	tification N	lumber		
McLean Purpose of Disbursement	VA	22101		Transaction ID : SB21B.4503 Amount of Each Disbursement this Period				
Bank fee			001					
Candidate Name			Category/					
Office Cought:			Type					
Office Sought: House Disbursen Senate	nent For: Primary	General			7	20.00		
	Other (spec			Maria	o Itom			
State: District:				IVIEM	o Item			
Full Name (Last, First, Middle Initial)				D-t- 15				
C. Chain Bridge Bank, N.A.					Disburseme			
Mailing Address 1445-A Laughlin Avenue				10	07	2016		
		7: 0 :						
City McLean	State VA	Zip Code 22101		FEC Ider	tification N	umber		
Purpose of Disbursement				С				
Bank fees		saction ID	: SB21B.4505					
Candidate Name			Category/	Amount o	of Each Dis	sbursement this Period		
Office Sought: House Disbursen	nent For:		Туре			20.00		
	Primary	General			7	4		
	Other (spec	cify) ▼		Mem	o Item			
State: District:								
SUBTOTAL of Disbursements This Page (optional)						80.00		
COSTOTAL OF BIODUISORIIGHTS THIS Tage (optional)				-		7 7		
TOTAL This Period (last page this line number only).				1				

### S 17

SCHEDULE B (FEC Form 3X)	Ī		FOR LINE NUMBER: PAGE 8					
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check or	·				
	Detailed Summary Page			22 28b	23 26 27			
[					28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
Maryland USA								
Full Name (Last, First, Middle Initial)								
A. Chain Bridge Bank, N.A.				M = M	Disbursement / DDD / YDYDY			
Mailing Address 1445-A Laughlin Avenue				10	11 2016			
City	State	Zip Code		FEC Iden	ntification Number			
McLean Purpose of Disbursement	VA	22101						
Bank fees			001	C				
Candidate Name					saction ID : SB21B.4506			
			Category/ Type	Amount	of Each Disbursement this Period			
Office Sought: House Disburse	ment For:				20.00			
Senate President	Primary Other (spe	General						
State: District:	J 0 11.101 (Op 0	• • • • • • • • • • • • • • • • • • •		Mem	o Item			
Full Name (Last, First, Middle Initial)								
B. Chain Bridge Bank, N.A.				Date of D	Disbursement			
Mailing Address 1445-A Laughlin Avenue				10 13 2016				
City	State VA	Zip Code		FEC Iden	ntification Number			
McLean Purpose of Disbursement	VA	22101		Transaction ID : SB21B.4507 Amount of Each Disbursement this Period				
Bank fees			001					
Candidate Name			Category/					
			Type	7 tillount o	" Each Dissardament time I ened			
Office Sought: House Disburse	ment For:			7 L	20.00			
Senate	Primary	General			·			
President State: District:	Other (spe	ecify)		Memo	o Item			
Full Name (Last, First, Middle Initial)								
C. Chain Bridge Bank, N.A.					Disbursement			
Mailing Address 1445-A Laughlin Avenue				10	14 2016			
City	State	Zip Code		FF0.11				
McLean	VA	22101		FEC Iden	ntification Number			
Purpose of Disbursement Bank fees			001	C				
Candidate Name		saction ID: SB21B.4508 of Each Disbursement this Period						
Office Sought: House Disburse	Type		20.00					
Senate	Primary	General			7 7 7			
President	Other (spe			П.,				
State: District:	(-1	, ·		Mem	o Item			
SUBTOTAL of Disbursements This Page (optional).			·····•		60.00			
TOTAL This Period (last page this line number only	<i>(</i> )							

SCHEDULE B (FEC Form 3X)	lles :::	avoto oslas della (a)	FOR LINE NUMBER: PAGE 9				9 OF	15		
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	I '	(check only one)  x 21b 22 23					27	
	Detailed	Summary Page	<b>X</b> 21			23 28c	26 29		27 30b	
Any information copied from such Reports and Statements may not be sold or used by any										ns
or for commercial purposes, other than using the nam										
NAME OF COMMITTEE (In Full)										
Maryland USA										
Full Name (Last, First, Middle Initial)										
A. Red Maverick Media				Date of	of Disl	bursen	nent			
Moiling Address 403 N. Copped Ct				10	/	06	7 / [	20°	16	7
Mailing Address 403 N. Second St. Fl. 2				10	_	Ūθ		_20	10	_
,	State	Zip Code		FEC I	dentifi	cation	Numbe	r		
Harrisburg Purpose of Disbursement	PA	17101				_	1 1	-		
Design consulting			001		ar:	stier "	D - 0D0	4B 45	04	
Candidate Name			Category/				<b>D : SB2</b> Disburse		-	riod
Office Sought: Lleves	ant Carr		Type		-	-		5/	00.00	$\neg$
Office Sought: House Disbursen Senate	nent For: Primary	General						J(	300.00	
	Other (spe			NA.	emo I	tem				
State: District:					J.110 I	.0111				
Full Name (Last, First, Middle Initial)	ماداد			Data	of Diel	huroom	nont			
B. Wilson Perkins Allen Opinion Rese	arcn				Date of Disbursement					
Mailing Address 1319 Classen Drive				10	1 1 1 1 1 1					
Cia.	\	Zin On-I-								
,	State OK	Zip Code 73103		FEC I	dentifi	cation	Numbe	r		
Purpose of Disbursement				С	Transaction ID : SB21B.4502					
Polling expense  Candidate Name			005							
Callulate Ivallie			Category/ Type	Amour	nt of E	Each D	Disburse	ment	this Pe	riod
Office Sought: House Disbursen	nent For:		1,900					148	800.00	$\Box$
	Primary	General								
President State: District:	Other (spe	cify)		M	emo I	tem				
Full Name (Last, First, Middle Initial)										
C.				Date of	of Disl	bursen	nent			
Marillon, Adalyses				M = N	/	D D	/ [	YY	YYY	7
Mailing Address					_			_		_
City	State	Zip Code		FEC I	dentifi	cation	Numbe	r		
Purpose of Disbursement				C				-		
Fulpose of Disbulsement								-		
Candidate Name Category/						Each D	Disburse	ment	this Pe	eriod
Office County			Туре		-	-		-		$\neg$
Office Sought: House Disbursen Senate	General					-	_		_	
Senate Primary General  President Other (specify) ▼					emo I	tom				
State: District:				IVI	GIIIO I	CIII				
								10	2800.00	$\overline{}$
SUBTOTAL of Disbursements This Page (optional)			·····•		-		-	19	9800.00	
TOTAL This Period (last page this line number only)				1:				19	940.00	,

SCHEDULE B (FEC Form 3X)	llaa	ovoto sala adula ( )	o(a)   TOTT EINE NOMBETT			PAGE 10 OF 15		
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check onl		7 26 77			
		Summary Page	21b 28a	22 28b	23 28c	26 27 29 30b		
Any information copied from such Reports and State	 ements_may	not be sold or us						
or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
│ ∕ Maryland USA								
Full Name (Last, First, Middle Initial)								
A. Fighting for Ohio Fund				Date of	Disburseme	ent		
Mailing Address DO Doy 264.44				10	13	2016		
Mailing Address PO Box 26141				10	13	2016		
City	State	Zip Code		FEC Ide	entification N	lumber		
Alexandria Purpose of Disbursement	VA	22313			000570044			
Contribution expense			005		C00573014	OD00 4544		
Candidate Name			Category/			: SB23.4514 sbursement this Period		
Office Cought			Type			90000.00		
Office Sought: House Disburse Senate	ement For: Primary	2016 General			7	90000.00		
President	Other (spe			Mer Mer	mo Item			
State: District:				L IVICI	ino itom			
Full Name (Last, First, Middle Initial) <b>B.</b>				Doto of	Diahuraama	ant		
ь.				Date of Disbursement				
Mailing Address				l				
City	State	Zip Code						
City	State	Zip Code		FEC Ide	entification N	Number		
Purpose of Disbursement	•							
Candidate Name					( - 1 - 5			
			Category/ Type	Amount	of Each Di	sbursement this Period		
	ement For:			1 L	-	4		
Senate President	Primary Other (end	General			·	,		
State: District:	Other (spe	ecity)		Mer	mo Item			
Full Name (Last, First, Middle Initial)								
C.				Date of	Disburseme	ent		
Mailing Address				M = M	/ D D	/		
City	State	Zip Code		FEC Ide	entification N	Number		
Purpose of Disbursement				С				
Candidate Name			Category/	Amount	of Each Di	sbursement this Period		
Office Sought: House Disburse	ement For:		Туре	1				
Senate	General		4-14-14-14-14-14-14-14-14-14-14-14-14-14					
President		Mer	mo Item					
State: District:								
SUBTOTAL of Disbursements This Page (optional)						90000.00		
				-		20222.52		
TOTAL This Period (last page this line number onli	y)			1.		90000.00		

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 11 OF 15
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Maryland USA				
				C C00581777
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item C	Date of Public Distribution/Dissemination
406 Enterprises LLC				10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 75727			Δ	mount
		7: 0 !		
City	State	Zip Code 20013		7500.00 Transaction ID : SE.4490
Washington	DC	20013		Date of Disbursement or Obligation
Purpose of Expenditure Digital advertising (placement cost)		Category/ Type 004	1	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office S	Sought: House District: 06
HOEBER, AMIE, , ,		Oppose		resident Senate State: MD
Calendar Year-To-Date		065500.00		ement For: Primary Seneral
Per Election for Office Sought	7 7	965500.00	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item C	Date of Public Distribution/Dissemination
406 Enterprises LLC				10 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 75727				
			A	mount
City	State	Zip Code		17500.00
Washington	DC	20013		Transaction ID : SE.4495 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising (placement cost)		Category/ 004		10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
2.ga. / a. o. nog (p. a. o. n. a. o. o. )		Type 004		10 07 2010
Name of Federal Candidate:		🗶 Support	Office S	sought:   House District: 06
HOEBER, AMIE, , ,		Oppose	P	resident Senate State: MD
Calendar Year-To-Date		1091869.00		ement For: Primary 🗶 General
Per Election for Office Sought	7 7		2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	<b>;</b>		· • _	25000.00
(a) CURTOTAL of Unitersity of Index or death Funandity.				
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Expenditures			Г	
			, ,	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
Riter, Joel, , ,	[Electronically Fil	led1 –	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	e 10	27 2016

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 12 OF 15 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Maryland USA				C C00581777
				M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M   M   / D   D   / Y   Y   Y   Y   Y
Full Name of Payee Pound, Feinstein & Associates		☐ Memo	Item Dat	te of Public Distribution/Dissemination
r durid, r emstem & Associates				10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5614 Connecticut Ave., NW			Am	ount
Suite 270				<del> </del>
City	State	Zip Code		3475.00
Washington	DC	20015		ansaction ID : SE.4491 te of Disbursement or Obligation
Purpose of Expenditure Digital advertising (production cost)		Category/		10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Type 002		10 00 2010
Name of Federal Candidate:		<b>x</b> Support	Office Sou	ught:  Mouse District: 06
HOEBER, AMIE, , ,		Oppose	Pres	sident Senate State: MD
Calendar Year-To-Date		968975.00	Disbursen	nent For: Primary 🗷 General
Per Election for Office Sought	7-1-1-7-	300373.00	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Dat	te of Public Distribution/Dissemination
Red Maverick Media				10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 403 N. Second St.				
Fl. 2			Am	ount
City	State	Zip Code		27835.00
Harrisburg	PA	17101		ansaction ID : SE.4492 te of Disbursement or Obligation
Purpose of Expenditure	-1	Category/		M M / D D / Y Y Y
Direct mail		Type 004		10 03 2016
Name of Federal Candidate:		<b>x</b> Support	Office Sou	ught: X House District: 06
HOEBER, AMIE, , ,		Oppose	Pres	sident Senate State: MD
Calendar Year-To-Date		000010.00	Disbursen	nent For: Primary X General
Per Election for Office Sought	7 7	996810.00	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				31310.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		. •	
(a) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Riter, Joel, , ,	Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y Y
Signature	<u> Баса опишну Г</u> П	Date	e 10	27 2016

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 13 OF 15 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Maryland USA				
				C C00581777
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Red Maverick Media				10 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 403 N. Second St.			Λn	nount
Fl. 2				iodit
City	State	Zip Code	L	35745.00
Harrisburg	PA	17101		ansaction ID : SE.4493 te of Disbursement or Obligation
Purpose of Expenditure Direct mail		Category/ Type 004		10 03 / Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: X House District: 06
DELANEY, JOHN K, , ,		× Oppose	Pre	sident Senate State: MD
Calendar Year-To-Date		4000555.00	Disburser	ment For: Primary Seneral
Per Election for Office Sought	7-1-1-7-	1032555.00	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Red Maverick Media				10 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 403 N. Second St.				
Fl. 2			An	nount
City	State	Zip Code		41814.00
Harrisburg	PA	17101		te of Disbursement or Obligation
Purpose of Expenditure Direct mail		Category/ Type 004		10 06 7 2016
Name of Federal Candidate:		<b>X</b> Support	Office Sc	ught: X House District: 06
HOEBER, AMIE, , ,		Oppose	l	sident Senate State: MD
Calendar Year-To-Date			Disburser	
Per Election for Office Sought		1074369.00	2016	Other (specify)
			·	
(a) SUBTOTAL of Itemized Independent Expenditures				77559.00
(a) SUBTOTAL of Unitemized Independent Expenditu	es		· • _	
,				
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Riter, Joel, , ,	Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y Y
Signature		_ Date	e 10	27 2016

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Maryland USA C00581777 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Red Maverick Media 10 2016 Mailing Address 403 N. Second St. Amount Fl. 2 State Zip Code 14588.00 City PΑ 17101 Transaction ID: SE.4497 Harrisburg Date of Disbursement or Obligation Purpose of Expenditure Category/ Direct mail 004 10 2016 Type Name of Federal Candidate: 06 **X** Support Office Sought: **X** House District: HOEBER, AMIE, , , MD Oppose President Senate State: Primary Disbursement For: **X** General Calendar Year-To-Date 1113657.00 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Red Maverick Media 14 2016 10 Mailing Address 403 N. Second St. Amount FI. 2 14588.00 City State Zip Code Harrisburg Transaction ID: SE.4498 PΑ 17101 Date of Disbursement or Obligation Purpose of Expenditure Category/ Direct Mail 004 14 2016 10 Type Name of Federal Candidate: 06 x Support Office Sought: **X** House District: HOEBER, AMIE, , , MDOppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 1128245.00 2016 Per Election for Office Sought Other (specify) ▶ 29176.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Riter, Joel, , , [Electronically Filed] 27 2016 Date Signature

PAGE

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OF

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	•			PAGE 15 OF 15
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Maryland USA				C C00581777
				O cossession
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Tele-Town Hall		☐ Memo	Item D	ate of Public Distribution/Dissemination
rele-rowii riali				10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4600 Fairfax Dr #802			A	mount
City	State	Zip Code		4200.00
Arlington	VA	22203		ransaction ID : SE.4499
Purpose of Expenditure		Catagony		ate of Disbursement or Obligation
Phone calls		Category/ Type 004	1	10 07 2016
Name of Federal Candidate:		<b>✗</b> Support	Office S	ought: X House District:06
HOEBER, AMIE, , ,		Oppose	Pi	resident Senate State: MD
Calendar Year-To-Date		1096069.00	Disburse	ement For: Primary General
Per Election for Office Sought	7 7		2010	Other (specify) ▶
Full Name of Payee Tele-Town Hall		☐ Memo	Item D	ate of Public Distribution/Dissemination
Mailing Address				10 10 2016
Mailing Address 4600 Fairfax Dr #802			А	mount
City	State	Zip Code		3000.00
Arlington	VA	22203		Fransaction ID : SE.4496
Purpose of Expenditure		Category/		ate of Disbursement or Obligation
Phone calls		Type 004		10 10 2016
Name of Federal Candidate:		<b>x</b> Support	Office S	
HOEBER, AMIE, , ,		Oppose	Pi	resident Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		1099069.00	Disburse	ement For: Primary Seneral
7 St. 2.551811 151 St. 51165 GGGS11	7 7		L	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	e		. г	7200.00
(a) SOBTOTAL OF ROMIZED INDEPENDENT EXPENDITURE	3			1200.00
(a) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(a) TOTAL Independent Expenditures			· • [	170245.00
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized	•		·
Riter, Joel, , ,	[Electronically Fil	led] Date	e 10	27 2016
Signature				